

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **107510352** FILING DATE _____
APPLICANT(S) _____

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1	1			
2		1		
3		1		
4		1		
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TOTAL
IND.

TOTAL
DEP.

TOTAL
CLAIMS

PTO-1500 (3-78)

* IND.	* DEP.	* IND.		* DEP.	
		IND.	DEP.	IND.	DEP.
51					
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99					
100					

TOTAL
IND.

TOTAL
DEP.

TOTAL
CLAIMS

DO NOT USE FOR ADDITIONAL CLAIMS OR AMENDMENTS